

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN SPEAK OUT PAC

ADDRESS (number and street)

2800 Shirlington Rd

Suite 1200

Check if different  
than previously  
reported. (ACC)

Arlington

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00530766

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y Y Y

(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y  
06 01 2019

through

M M / D D / Y Y Y Y Y Y  
06 30 2019M M / D D / Y Y Y Y Y Y  
06 30 2019M M / D D / Y Y Y Y Y Y  
06 30 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gross, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
07 18 2019M M / D D / Y Y Y Y Y Y  
07 18 2019M M / D D / Y Y Y Y Y Y  
07 18 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 06 / 01 / 2019

To:

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y 2019</span>		<span style="border: 1px solid black; padding: 2px;">57583.39</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">306467.84</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">99840.91</span>	<span style="border: 1px solid black; padding: 2px;">438086.96</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">406308.75</span>	<span style="border: 1px solid black; padding: 2px;">495670.35</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">199235.57</span>	<span style="border: 1px solid black; padding: 2px;">288597.17</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">207073.18</span>	<span style="border: 1px solid black; padding: 2px;">207073.18</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">123490.12</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**WOMEN SPEAK OUT PAC**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	9		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	9		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	87500.00	420500.00
(ii) Unitemized .....	12340.91	17586.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	99840.91	438086.96
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	99840.91	438086.96
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	99840.91	438086.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	99840.91	438086.96

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	30234.61	50075.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	30234.61	50075.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	169000.96	238521.20
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	199235.57	288597.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	199235.57	288597.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	99840.91	438086.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	99840.91	438086.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	30234.61	50075.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	30234.61	50075.97

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Alvord, Richard & Nancy, , ,**

Mailing Address 6301 Northeast Windermere Road

City  
Seattle

State  
WA

Zip Code  
98105-2053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Private Investor

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2019

**Transaction ID : SA11Al.14399**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Black, Diane, , ,**

Mailing Address 1254 Wavecrest Circle

City  
Gallatin

State  
TN

Zip Code  
37066-7568

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Former Congresswoman

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2019

**Transaction ID : SA11Al.14242**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Burdick, Thomas, , ,**

Mailing Address 31579 Vintners Pointe Court

City  
Winchester

State  
CA

Zip Code  
92596-8318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Diocese of San Bernardino

Occupation (for Individual)

Catholic Priest

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2019

**Transaction ID : SA11Al.14468**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dobrzanski, Frank, , ,**

Mailing Address 5304 Sapphire Springs Drive

City  
Knightdale

State  
NC

Zip Code  
27545-7585

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Expedient Resource Services

Occupation (for Individual)  
Principal

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2019

Transaction ID : SA11AI.14001

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Klotzbach, Theresa, R., ,**

Mailing Address 5013 Southwest 26th Terrace

City  
Topeka

State  
KS

Zip Code  
66614-1419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2019

Transaction ID : SA11AI.14467

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mercer, George, S., ,**

Mailing Address 4816 E Wagon Train Rd

City  
Tucson

State  
AZ

Zip Code  
85739-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2019

Transaction ID : SA11AI.14396

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. O'Neill, Stephen, V., ,**

Mailing Address 31467 Marigold Drive

City

Brownstown

State

MI

Zip Code

48173-8761

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For: 2019

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2019

Transaction ID : SA11AI.14465

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sundy, Mary Grace, , ,**

Mailing Address 45 Fordyce Manor Court

City

Lake Saint Louis

State

MO

Zip Code

63367-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Homemaker

Occupation (for Individual)

Homemaker

Receipt For: 2019

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2019

Transaction ID : SA11AI.14397

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Susan B Anthony List, Inc.**

Mailing Address 2800 Shirlington Rd

Ste 1200

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2019

Transaction ID : SA11AI.14537

Amount of Each Receipt this Period

75000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

76250.00

87500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Anedote, Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2019

Mailing Address 1920 McKinney Ave, 7th Floor

City  
DallasState  
TXZip Code  
75201Purpose of Disbursement  
Credit card processing fees

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.13980

Amount of Each Disbursement this Period

1389.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2019

Mailing Address 1445 McLaughlin Ave

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank fees

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.13979

Amount of Each Disbursement this Period

41.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2019

Mailing Address 1445 McLaughlin Ave

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank Fees

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.13978

Amount of Each Disbursement this Period

20.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1450.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. Media Bridge**

Mailing Address 11300 Astarita Ave

City  
PartlowState  
VAZip Code  
22534Purpose of Disbursement  
Consulting fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2019

FEC Identification Number

**C****Transaction ID : SB21B.13984**

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Fundraising Appeal expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2019

FEC Identification Number

**C****Transaction ID : SB21B.13986**

Amount of Each Disbursement this Period

9108.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Lukens Company**

Mailing Address 2800 Shirlington Rd

City  
ArlingtonState  
VAZip Code  
22206Purpose of Disbursement  
Fundraising Appeal expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2019

FEC Identification Number

**C****Transaction ID : SB21B.13990**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12008.33

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

Full Name (Last, First, Middle Initial)

**A. The Mail Haus**

Mailing Address 1745 Suburban Drive

City  
De PereState  
WIZip Code  
54115Purpose of Disbursement  
Fundraising Appeal expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2019

FEC Identification Number

**C****Transaction ID : SB21B.13989**

Amount of Each Disbursement this Period

9621.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Tarrance Group**Mailing Address 201 N. Union St.  
Suite 410City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Survey expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2019

FEC Identification Number

**C****Transaction ID : SB21B.13983**

Amount of Each Disbursement this Period

6995.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16616.01

30074.97

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 12 OF 18

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9700

**WOMEN SPEAK OUT PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd  
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

77452.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

77452.55

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 30 / 2017

Date Due

M M / D D / Y Y Y Y

11/30/2021

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

77452.55

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 13 OF 18

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.13439

**WOMEN SPEAK OUT PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Susan B Anthony List, Inc.☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd  
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

10118.58

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10118.58

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
11 / 30 / 2018

Date Due

M M / D D / Y Y Y Y

11/30/2022

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10118.58

**TOTALS** This Period (last page in this line only)..... ►

87571.13

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 OF 18

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Existing Loan owed to SBA

Mailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Loan for FEC Reporting Services

Mailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Mailings Expense

Mailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206

Outstanding Balance Beginning This Period

5204.43

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5204.43

1) **SUBTOTALS** This Period This Page (optional)..... ►

20704.43

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 OF 18

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**WOMEN SPEAK OUT PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Original transactions put on SBA CC

Mailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206

Outstanding Balance Beginning This Period

8610.00

Transaction ID : SD10.6625

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8610.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

Expense put on SBA CC

Mailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206

Outstanding Balance Beginning This Period

4709.73

Transaction ID : SD10.6756

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4709.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Susan B Anthony List, Inc.**

Nature of Debt (Purpose):

To post Thrifty Car Rental Expense put on  
SBA CardMailing Address 2800 Shirlington Rd  
Ste 1200City  
ArlingtonState  
VAZip Code  
22206

Outstanding Balance Beginning This Period

1894.83

Transaction ID : SD10.9222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1894.83

1) **SUBTOTALS** This Period This Page (optional)..... ►

15214.56

2) **TOTALS** This Period (last page this line number only)..... ►

35918.99

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

87571.13

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

123490.12

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 16 OF 18  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>American Marketing &amp; Publishing</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7380 Sprout Springs Rd Ste 210-248			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">4646.49</div>	
City Flowery Branch	State GA	Zip Code 30542	<b>Transaction ID : SE.13946</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Voter Mail		Category/ Type <span style="border: 1px solid black; padding: 2px; margin-left: 5px;">004</span>	Name of Federal Candidate: <span style="float: right;"><input checked="" type="checkbox"/> Support</span> PERRY, JOAN, , , <span style="float: right;"><input type="checkbox"/> Oppose</span>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right; margin-left: 50px;">226276.87</span>			Office Sought: <span style="float: right;"><input checked="" type="checkbox"/> House</span> District: <u>03</u> <span style="float: right;"><input type="checkbox"/> President</span> <span style="float: right;"><input type="checkbox"/> Senate</span> State: <u>NC</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>American Marketing &amp; Publishing</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7380 Sprout Springs Rd Ste 210-248			Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">4646.49</div>	
City Flowery Branch	State GA	Zip Code 30542	<b>Transaction ID : SE.13948</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Voter Mail		Category/ Type <span style="border: 1px solid black; padding: 2px; margin-left: 5px;">004</span>	Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> MURPHY, GREGORY FRANCIS, , , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: right; margin-left: 50px;">230923.36</span>			Office Sought: <span style="float: right;"><input checked="" type="checkbox"/> House</span> District: <u>03</u> <span style="float: right;"><input type="checkbox"/> President</span> <span style="float: right;"><input type="checkbox"/> Senate</span> State: <u>NC</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	9292.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 17 OF 18  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>American Marketing &amp; Publishing</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 28 / 2019		
Mailing Address 7380 Sprout Springs Rd Ste 210-248			Amount <span style="border: 1px solid black; padding: 2px;">4646.49</span>		
City Flowers Branch	State GA	Zip Code 30542	Transaction ID : <b>SE.13952</b>		
Purpose of Expenditure Voter Mail		Category/Type 004	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 28 / 2019		
Name of Federal Candidate: PERRY, JOAN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">235569.85</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>American Marketing &amp; Publishing</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 28 / 2019		
Mailing Address 7380 Sprout Springs Rd Ste 210-248			Amount <span style="border: 1px solid black; padding: 2px;">4646.49</span>		
City Flowers Branch	State GA	Zip Code 30542	Transaction ID : <b>SE.13954</b>		
Purpose of Expenditure Voter Mail		Category/Type 004	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 28 / 2019		
Name of Federal Candidate: MURPHY, GREGORY FRANCIS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">240216.34</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">9292.98</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 18 / 2019	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 18 OF 18  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Strategic Media Services</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 06 / 17 / 2019		
Mailing Address 1911 North Fort Meyer Drive Suite 400			Amount <span style="border: 1px solid black; padding: 2px;">112811.25</span>		
City Arlington	State VA	Zip Code 22209	Transaction ID : <b>SE.13724</b>		
Purpose of Expenditure Radio and TV ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 06 / 17 / 2019		
Name of Federal Candidate: MURPHY, GREGORY FRANCIS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">184026.63</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Strategic Media Services</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 06 / 17 / 2019		
Mailing Address 1911 North Fort Meyer Drive Suite 400			Amount <span style="border: 1px solid black; padding: 2px;">37603.75</span>		
City Arlington	State VA	Zip Code 22209	Transaction ID : <b>SE.13728</b>		
Purpose of Expenditure TV and Radio ads		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 06 / 17 / 2019		
Name of Federal Candidate: PERRY, JOAN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">221630.38</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">150415.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">169000.96</span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2019	